

Painting as a Response to Medical Experience: Creative Consideration as Care for a Carer

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Painting as a Response to Medical Experience: Creative Consideration as Care for a Carer

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Abstract

326 words (excluding title)

Painting as a Response to Medical Experience: Creative Consideration as Care for a Carer.

This practice-based research aims to understand how the two disciplines of oil painting and professional experience as a medical doctor might combine in a practice of care and influence a year of studio painting practice. This research aim is in response to a period of personal and professional burnout as an employee within a care institution. The objective was to create a series of paintings and responsive narrative prose during a period away from full-time medical specialist training, to reflect on the ways art and science can assist in rehabilitation and healing of the care provider. The main themes of this research explore notions of care, discipline (through both painting and research practice), and a change of perspective. This thesis is a combination of creative practice (oil painting, studio enquiry) and reflective writing. The research outcomes include paintings, narrative prose, and podcast recordings. New knowledge has been formed through the methodology and investigation process of this research project via the practice of painting discipline. Methods of research enquiry used include source review, oil painting, studio practice and reflective writing in response to creative practice. Studio practice methods included figurative drawing, figurative painting, clay figurative sculptures, and oil painting, specifically the atelier method of oil painting study. Reflective writing and creative studio practice formed an iterative cycle of thinking, analysis and responsive painting. The main significant insights were centered around viewing fine art practice as a discipline, how it affected studio production, productivity and a change of perspective towards clinical practice and self-care. The value and impact of this research is providing a case example of “caring for a carer” through painting and self-reflection during time away from clinical work, which could potentially be expanded towards developing painting workshops in medical CPD programmes. This research has found that a year of studio painting can serve as a vehicle for care and the restoration of well-being: caring for the other, the self and colleagues in the medical profession.

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I'd like to express my sincere thanks to my academic supervisors Dr Dave Griffiths, Dr Rachelle Viader Knowles and Dr Ian Hartshorne for their dedication, patience and time in helping me navigate this project over the past few years. They have been essential to my personal journey toward self-actualisation and introduction to art research and I could not be more grateful to them.

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Thank you to Dr Alana Jelinek for her time and valuable insight which helped guide my project towards its eventual destination.

Finally, to my family, friends, colleagues and fellow students who have helped me in this investigation towards deeper knowledge of art, science, medicine, myself and my studio practice. You have been invaluable in enabling me to achieve more, recover well and flourish in my newfound skills and perception of the world around me.

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Abbreviations

CPD	Continuing professional development
UK	United Kingdom
NHS	National Health Service
MRES	Master of Arts by Research
MSoA	Manchester School of Art
MMU	Manchester Metropolitan University
GP	General Practitioner
PAHC	Postgraduate Arts and Humanities Centre
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing

Chapter 1. Introduction

1.1. Research Inquiry

The main enquiry of this research project is how physician burnout can be reframed through painting practice. The hypothesis was to see how disciplined studio practice would affect attitude and perspective towards the carer role. This is a highly relevant and important investigation during a crisis of retention of medical staff in the NHS, estimated to magnify without intervention due to staffing shortages, overworking, erosion of pay worsening morale and problematic pension taxation (BMA, 2021). This research builds on the tacit knowledge and personal experience of the medical practitioner (junior doctor in the NHS). It asks how a shift in focus and the attention to acquiring skills and knowledge in contemporary painting can contribute to care; care of self, care of others and colleagues in the NHS. It was conducted during a worldwide pandemic and is partaking in the current zeitgeist of self-care and caring for carers. This research hopes to discover a way of conducting a personal journey towards a more positive perspective towards the medical workplace through creative practice, disciplined investigation and self-reflection. The study draws from, and adapts, Howey's (2004) method of critical autobiography in the acknowledgement of unconscious bias and the use of painting as a method to embody the ideas of making and identity. As a result, the investigation evolved over time and in response to the critical autobiographical reflection during the studio practice and source review. Auto-ethnography was initially used as a structured method of recalling memories of traumatic moments on the ward to be expressed via sightlines, gestures and postures to explore feelings of burn-out, grief, stress and moral injury. The main contribution to knowledge is providing a case example of how painting practice can reframe physical and philosophical perspective, which could lead to developing future CPD workshops to support medical staff. The concern of this project is to find how and in what way the shift of focus from medical science and medical practice to art practice (painting) can impact the medical practitioner.

1.2. Research aims and objectives

The aim of this research is to understand ways in which the discipline of oil painting and personal working experience (from training and working as a medical doctor) can influence a year of studio painting practice. The objective was to create a series of paintings and responsive narrative prose during a period away from full-time medical specialist training, to reflect on the ways art and science can assist in rehabilitation and self-healing of the practitioner through notions of care, discipline, and changing perspective. This research also sets out to explore alternative avenues to and through higher art education.

1.3. Researcher background

I am a UK trained junior hospital doctor. As a form of escapism from the medical workplace, I found solace in reconnecting with the study of art, an avenue neglected in pursuit of a career as a doctor. I felt the conflicting dichotomy of my creative and medical life could be combined. One of my core triggers for seeking a medical and scientific education at university was studying Da Vinci and the artists of the Renaissance at A-Level; inspired by the conviction that knowledge of the human body and how it works is the core understanding of the mechanics of art. The familiarity of university level study from my medical training and science bachelor's degree was reignited, and I was hooked on the idea of partaking in professional study again. This led me to Manchester School of Art at Manchester Metropolitan University. The application for study required a day-long project focusing on 'Activism'.

A Google search of 'Activist Artists' led me to the controversial challenging social justice posters of feminist artist Favianna Rodriguez; particularly the 'I'm a slut' series which commented on sexual freedom and reproductive rights in 2012 America which were overly simplified to convey the power of the statement (see Figure 1). I was drawn to the figurative compositions and demanding statements in bold capitalised text, which eliminated nuance and clearly communicated the sentiment.

At that time, I felt strongly about the working conditions within the National Health Service, drawing from my intense experience working as a junior doctor and so chose this as my focus regarding the theme of activism. In early 2020, UK newspapers highlighted the working conditions of NHS doctors -

accounts of doctors unable to sit, eat, drink or wee for hours - and their subsequent perceived misery (Bagot, 2020). This formed the basis of my application project around the theme of 'Activism'.

Referencing the aesthetically emotive style of Favianna Rodriguez I created digital art posters, demanding 'Let us eat', 'Let us drink', 'Let us weep' in reference to the newspaper articles (Figure 2) and 'How Many is Too Many' (Figure 3) referring to the number of medical staff who die by suicide each year. I used the NHS identity guidelines for colours and used an excess of NHS emergency red, euro ambulance yellow and a deliberate lack of the required 'prominent NHS blue' required in NHS digital publications (Figure 4). This reflected how important I felt this issue was and the need for it to be addressed.

The outcome of this activism poster-project was a discussion at the Postgraduate Open Day in February 2020 with Head of Painting Dr Ian Hartshorne and Head of MRES Art & Science Dr Dave Griffiths, regarding the possibility of directing this approach of art activism related to the NHS workplace towards a research project as part of the Master of Arts by Research (MRES) programme.

Art & Science as a subject area seemed a perfect fit for combining my knowledge and experience as an evidence-based practitioner of the scientific method and the more nuanced art of medical care, alongside my keen interest in the academic study of Art and the studio practice of painting.

Before starting the project and enrolling in the University, my research application intended to create artwork that represented the occupational-associated exhaustion experienced by some in the medical profession, commonly referred to as 'burnout'. I titled my research application 'Contemporary Art Activism within the National Health Service Workforce'. I wrote about the mental health crisis in UK healthcare workers, the retention and recruitment crisis, contract disputes and NHS media representation. I raised questions about the role of cultural production in a 'suffering workforce' and whether this could contribute to a cultural change. My concern was with the working environment and investigating how to approach 'healing the healers'. I wanted to reference moral injury – a psychological phenomenon experienced when being unable to provide care according to the duty of a

doctor/healthcare worker due to circumstances out of your control (e.g. funding, pandemics, resources etc.). I sought to create a visualization of certain workplace cultures within the NHS using the techniques of painting and illustration. I collected source material from stories, opinions and comments on junior doctor online forums and attended an NHS wellbeing conference. I considered this project as an opportunity to create further discussion around healthcare workers' wellbeing.

I followed this line of enquiry towards themes of healing and repair in times of crisis, notions of care and caring for carers, particularly within art research. I searched for similar themes within contemporary art works. NHS experience has been used by a small number of medical professionals for content development in comedy or literature, and even more rarely found in the visual arts.

There were artists exploring healthcare narratives but most of this work created seemed to be solely from the patients' perspective with an overall negative view of the healthcare profession, intended to 'shock and enlighten' the public. I wanted to create something that filled the absence of healthcare worker representation. A key example of a healthcare worker creating art I knew of was the illustrator and general practitioner Dr Ian Williams, who created a series of graphic novels centered around the experience of a few country GPs, (see Figure 5) with veiled comments on the system he worked in but mostly spotlighting the humans behind the job description. It was humorous and thought-provoking.

This section was written to give an overview of the background and initial reading before the research project starts. The following section, the Source Review, explores the influence of many texts and articles which have been key to the development of this research project and my studio practice.



Figure 1: *I'm a Slut*, Favianna Rodriguez, 2012. Digital print 43 x 30.5cm.



Figure 2: *Let Us Weep*, Merili Pugh, 2020. Digital print 13 x 17.5cm.



Figure 3: *How many is too many*, Merili Pugh, 2020. Digital print 12 x 21cm.

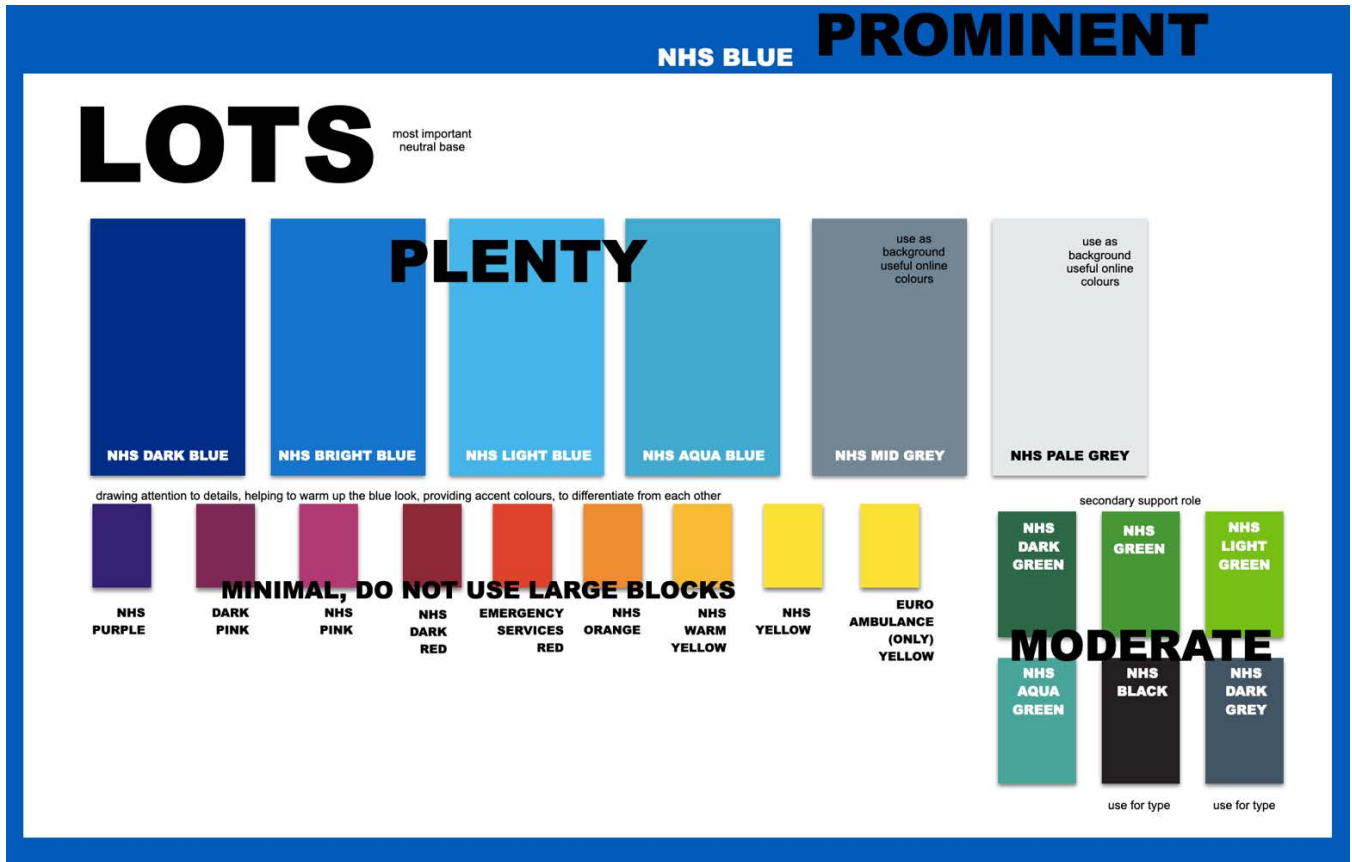


Figure 4: NHS colour scheme notes, Merili Pugh, 2020. Digital print 21 x 29.7cm.



Figure 5: *Changing advice*, Ian Williams, 2014. Digital print. 35.4 x 35.4cm.

1.4. Source Review

Over recent years, increasing attention has been given to the art and health sector (including art for recovery, art against loneliness, art to help with grieving, art and dementia, art and activism). I looked for policy documents regarding the NHS and the role of art in wellbeing. This brought me to 'Creative Health: The Arts for Health and Wellbeing' a 2017 inquiry report by the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW). This report highlighted the significant relationship between staff health and patient care supported by the NHS Chief Executive Simon Stevens. This reiterated the importance of staff health and the impact upon the care given to patients. This raised the core question of how my own health could be impacting the care I give to others (patients, colleagues, loved ones, my self). I reflected on how tending to my own creative health as a medical practitioner could potentially improve patient care and possibly be a way of providing care for other practitioners in similar situations, such as by developing a case study which could be discussed during a CPD workshop or research seminar. Practitioner health therefore became a core element in this study.

The public perception of healthcare workers changed significantly during this research project. As the 2020 worldwide coronavirus pandemic progressed, healthcare workers were being depicted as heroic with war imagery, superpowers and defiance. This was different to pre-pandemic healthcare worker representation which had been mostly negative and politically linked to strike action in the UK. There was an exhibition of paintings depicting selected NHS workers at the Tate Liverpool by a New York-based artist Aliza Nisenbaum (Figure 6) in August 2020, but it seemed opportunistic, unrelatable and without the depth of experience you'd expect from an artist with their own experience of working in the NHS. I was already starting to question the cultural context of my research direction as I set out to begin this research project.



Figure 6: *Team Time Storytelling*, Aliza Nisenbaum, 2020. Oil paint on canvas, 241.3 x 381cm.

I looked for examples of how social history had impacted the arts. Lambourne (2011) summarises different approaches to design at a particular time of social history during ‘The Aesthetic Movement’. I was drawn to descriptions of ‘great beauty, high comedy, exquisite sensitivity; and gross sentimentality’ and surprised by Theophile Gautier’s denial that ‘art could, or should, be in any way useful - one of the artist’s functions was to irritate or shock the philistines’ (Lambourne, 2011). This is the first introduction I had to a rejection of art as a political tool but more ‘Art for Art’s sake’. It got me thinking about artistic idealism - the belief that art must serve moral or social purposes. Was I an artistic idealist? Did I really believe that my own creative practice must serve a moral purpose? What are my morals? What is my role in society?

I considered how others had used the arts to recover from adversity and sought literature around the creative response to crisis, looking for examples of artists who use self-dramatisation to combine pathos and grief with their own artistic idealism. Schama (2009) describes how specific artists creatively responded to crisis. I too was in a moment of crisis in my career and clung to the examples

of these artists who “faced crisis with steadfast defiance, challenged convention, shattered complacency, shifted awareness and changed the way we look at the world” (Schama, 2009). This gave me an opportunity to consider how I wanted to respond to the stress I had experienced and witnessed in others during my medical training. Did I need to challenge convention and shatter complacency regarding the public perception of healthcare practitioner health? Or, was it my own complacency at work and awareness that needed shifting to change the way that I looked at the world? These thoughts were at the forefront of my mind as I started my studio practice.

Seeking to creatively express my own experiences working in the public service sector whilst reading about the social practice of painting led me to investigate further into activism, specifically activism and artists/creatives who seek to be representatives of certain social groups. Shenker (2019) provided a succinct introduction to activist history in the UK and introduced me to Jones (2012) whose overriding tone of anger and frustration with media representations of the working class started to make me more wary of declaring my own artwork as ‘representative’ of others. I was not elected to be an artist representing my cohort of doctors, nor was I working with a medical union to portray members’ views. Where could I channel my frustrations? Poch (2018) gives plenty of examples of art activists portraying frustration with the inefficiencies within ‘the system’, combining political/social readings into an avenue of artistic discussion in the book ‘Artivism’. I was unsure how to approach the National Health Service as ‘the system’.

‘Intelligent Kindness: Reforming the Culture of The Welfare State’ by Penelope Campling et al. was a key text in this investigation. Instead of blame and anger, this book focused on not only the importance of kinship, kindness and connectedness between staff, but the difficulties in responding with ordinary kindness to others. It made me reflect on the pressures at play on everyone who works in the NHS which creates a barrier to a kinder, connected workplace culture. The concept of care was introduced by this book - “our capacity to care for the other is a test of our humanity” (Ballatt et al, 2020). The authors describe the pleas for “the lived experience of practitioners and patients alike” and argue that “kinship and kindness, properly understood, can themselves shape the quality, effectiveness and efficiency of care” (Ballatt et al, 2020). This research project was a way I could

contribute my 'lived experience' as both a health practitioner and an artist, to explore the subject of care and kinship in response to crisis. My studio practice at this point of my research was challenged to reflect the care of my medium, tools and approach to structuring my work in a way that encouraged 'nurturing practise' (see Chapter 3). Puig de la Bellacasa (2017) gives examples of how this notion of 'care' can be applied to an interdisciplinary sphere of science and the natural world, with a view that 'to care' is an obligation, both politically and ethically. Was I taking on the role of a radical care practitioner? I decided to keep my focus on the human side of care for the purposes of this study but considered how radical care could be applied to the creative self.

When considering the subject of my own creative practice, I was inspired by Schama's description of using the "power of unsettling surprise...even when it seems imitative, art doesn't so much duplicate the familiarity of the seen world as replace it with a reality all of its own... a dramatised kind of seeing" (Schama, 2009). This seemed to resound with what I wanted to create, a theatrical portrayal of the reality of working in the NHS from the perspective of a stressed, pessimistic doctor. The 'moments of self-dramatisation' which Schama describes include the artists' "personal testimonies" and core beliefs. I felt that I needed to understand my own personal testimony and formulate clearly my own beliefs in order to create my own self-dramatisation (themes of the artist self). With dramatisation you have to consider the viewer's gaze/perception, which led me to consider how my perception of myself as an artist might impact the viewer's experience of my own work. This has been further detailed in Chapter 2. With the focus on dramatisation, my approach towards paintings became art historical. I was interested in the way historical paintings addressed the "challenge of the moment" (Schama, 2009). What particularly was my own challenge of the moment? An example provided by Schama was Caravaggio's use of pathos and grief (e.g. Figure 7). It reminded me of challenging moments at work of deep sadness shared by doctors and colleagues when being notified of the death of our colleague, who had ended their life via suicide. I considered how the composition of us all squashed into a small doctor's office that day and the grief we all shared could have been represented in one of Caravaggio's figurative paintings. I was using this 'dramatised kind of seeing' to find a way to creatively cope with the deeply emotive toll of working in medicine.

An artist depicting social history and dramatisation through historical paintings who contributed to this source review was Kent Monkman. I was drawn to his neoclassical approach, his use of camp and surreal figurative characterisation (see Figure 8). I would return to camp use later in my studio practice (see Chapter 3) where it would become a key feature of my work. I considered other forms of self-dramatisation, such as the use of a diorama by the artist Ai Weiwei, who used dioramas of a lived experience to provide a different perspective on the event itself (see Figure 9). I began to realise how a change of perspective was necessary. Following along the lines of self-dramatisation, I read about psychodrama and the role of reflective reenactment to evaluate and arrive at a deeper understanding of a situation experienced. Would my own reflective reenactment of scenes experienced at work allow me to arrive at a deeper understanding of the situation? Was I more concerned with other's perspective of events when I should have been focusing on my own understanding? The therapeutic aims of this research were becoming clearer, and the direction of my practice was turning towards the self.

Although considering your own social history and formulating it into a self-dramatisation was appealing, I found an important case example of an artist whose manifesto centered around questioning your own beliefs and refusing to following ideas without consideration (see Figure 10). Claude Cahun valued self-education and self-reflection above political association (Shaw, 2017). I needed to really consider the ideas I was following, regarding critical statements of the institution I worked in and the career path I had chosen. I needed further self-education but needed to be aware of my intention. Holiday (2017) highlights the role of detachment from emotional investment and self-infatuation. To be aware of seeking validation or status through this research at the expense of an honest investigation into self-awareness (Holiday, 2017). It struck me that I needed to focus on understanding and communicating the fundamentals about this project. The author writes “the pretense of knowledge is our most dangerous vice, because it prevents us from getting any better. Studious self-assessment is the antidote” (Holiday, 2017). I had to constantly be aware of any subjective bias I had towards my studio practice, my limited level of formal art education and find a

way of detaching the strong emotion from my research aims and objectives, whilst also maintaining my original intention.



Figure 7: *Death of the Virgin Mary*, Michelangelo Merisi da Caravaggio, 1604-1606. Oil paint on canvas, 3690 x 2450cm.

Figure 8: *mistikôsiwak (Wooden Boat People): Welcoming the Newcomers*, Kent Monkman, 2019.

Acrylic on canvas, 335.3 x 670.6cm.

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Figure 10: *S.A.C.R.E.D; Entropy (Sleep)*, Ai Wei Wei, 2011. Fibreglass, iron, oxidised metal, wood, polystyrene, sticky tape, 377 x 198 x 153cm.



Figure 9: *Untitled (Don't Kiss Me, I'm in Training)*, Claude Cahun, 1927-1929. Gelatin silver print, 10.5 x 2.6cm.

As a result of my research inquiry, I critically rethought my own use of pessimistic imagery. A key influence was Alana Jelinek. She considers how artistic activism in resisting power should be pursued without reinforcing negative emotions that further powerlessness. In particular, she discusses the unintended consequences that can arise from 'social' art collaboration and active resistance to power which could worsen inequality and further the power imbalance (Jelinek, 2013). This prompted me to really think about my own responsibility for my actions. The author suggests prioritising the internal power of the individual over the collective external power of resistance and away from focusing on the powerlessness of the victim. I correlated my own research aims with her suggestions and chose to focus on the power of the individual. Jelinek's goal is to empower artists to consider their fundamental values driving their actions (Jelinek, 2013). I realised that my motivation for re-creating moments of heightened drama in my experiences at work came from a feeling of powerlessness and exhaustion. I questioned myself - what would these images do for someone else in the same situation? There had been plenty of imagery saturating social media of doctors and nurses exhausted and bruised, but this did not improve my own perspective of working in that environment, if anything it made it worse. This collective victimhood of poor working conditions felt toxic and reminded me of how much more depressed I felt after ruminating on the difficulties of the job with other doctors who were struggling. The conclusions of these discussions were always helpless and negative, pessimistic that there would never be any change in the 'system' and that the blame lay externally. The book suggested an alternative way of considering 'social' art work, more as a variety of different art forms which each create their own disciplinary values. This was a key influence in focusing my painting practice on the value of discipline.

I found an example of an artist researcher triangulating painting practice with social practice and the Self. Barbara Howey's 'Critical Autobiography and Painting Practice' ties her individual experience of reflective painting to class and gender and argues that creative practice cannot avoid being autobiographical due to the inherent subjective bias of the researcher (Howey, 2004). I had to consider my own inherent subjective bias as both an artist and a doctor. Howey refers to the unconscious influence on painting and how painting as a method embodies the ideas of making and identity

(Howey, 2004). Could painting therefore act as a main method in my own research investigation? I reflect further on painting and identity in Chapter 2.

Referring back to the importance of self-awareness and avoiding the pretense of knowledge in order to conduct an honest investigation (Holiday, 2017), I was severely limited in my understanding of master's level Painting study and academic painting papers. But I needed to understand painting as a method and the academic concerns surrounding it. If I was to be a painter and researcher, I had to be aware of the concerns of the speciality. Hochdörfer (2009) discussed painters since the 1960s who have disproved the theory that 'painting is dead' (Hochdörfer, 2009). There were many artists referenced and the text was very complex to read. This master's level literature and terminology were out of reach from my level of education regarding painting. I started a glossary. Erkkilä (2017) provides insight into the painting lectures which seemed inaccessible and complex. Her approach was to see it as a metaphor for the 'infinity of knowledge' in the world and that it was empowering students to explore. Could an outcome of this research be the ability to explore a new speciality? Erkkilä (2017) stresses the importance of a studio space - a place to think and 'transform your thinking into a painting', combining 'theory and praxis, art and research, skill and idea, craft and expression'. I realised that there was practical knowledge and insight which could not be obtained simply by reading and writing. The journey through my studio practice was key to this research.

Erkkilä provides a stark reminder of the role for humility in this pursuit: "Knowledge is easy. Patience and discipline, work and humbleness, will to obey and listen to the master who knows more than you...everyone wants to be a master, and no-one wants to work as an apprentice" (Erkkilä, 2017). Was I willing to be the apprentice, to be patient and humble and listen to the masters around me?

Hayton (2015) states "[o]ne of the reasons why universities exist is to bring together people with a variety of expertise. This collective expertise allows for a cross-fertilisation of ideas, leading to innovations that would be impossible for any individual to think of alone". This research project relied heavily on exposure to this collective expertise, from lecturers, to supervisors, to fellow painters and researchers. Did I need to be physically surrounded by and regularly encountering others in order to

innovate and cross-fertilise my own ideas? In her 1974 utopian science fiction novel 'The Dispossessed', Ursula Le Guin describes a group of scholars at the University, which resonates with my own experience of this research project: "they talked, and new worlds were born of their talking. It is the nature of ideas to be communicated: written, spoken, done. The idea is like grass. It craves like, likes crowds, thrives on crossbreeding, grows better for being stepped on" (Le Guin, 1999). This made me consider the value of studio practice and the pursuit of knowledge, but also to be aware of not relying too heavily on others' influence at the expense of my own self-education.

To understand painting, I needed to learn how painting is taught to evaluate what I had been missing by skipping undergraduate level study. Painting has maintained its own identity but can also be used as a method to look and think, observe and perceive (Hartshorne et al, 2017). I had to learn about postmodernism to understand the background issues surrounding painting as a method.

Postmodernism is a way of thinking which denies 'truth' or 'truths' but instead favours knowledge as being 'believed' instead of objective fact. With regards to art, this means that art can be whatever the artist says it is. The problem with this open-ended postmodernist approach towards painting is uncertainty from the undefined possibilities which often distracts a painter from looking and thinking. The suggested solution to this problem was to set an intention for the practice of painting and to be clear of the parameters. As well as being clear about my intention, I needed to consider the value of the disciplined approach towards my studio practice. Aristides (2016) writes how 'deliberate refinement is necessary to ensure you express exactly what you intend' but also not to neglect the value of 'personal struggle, talent, inspiration, and passion, combined with hard work'. Here I found parallels with medicine and painting, between the methodological structure of taking a history from a patient, being clear of the intention and parameters of possible differential diagnoses, but also of the rigorous structured approach to studying medicine, with its non-negotiable necessary knowledge requirements and total commitment.

I understand Intentionalism to be a discussion about where the 'meaning' of the artwork is.

Intentionalism prompts consideration of the idea prior to making the artwork, the process of making the artwork, the effects of the work in the viewing and the critique of the work itself. McEvelley (2005)

concludes that creating art is hugely complex and that searching for meaning is an infinite task. This challenged me to stop focusing so much on the meaning of the final artwork I wanted to create and being more open to embracing the process instead, by focusing on my own intention. This led me to Descartes' theory of two (Cartesian Dualism of mind and body) - interested by his position that knowledge about our own intention is all we can know. This is called first-person authority where thoughts about own thoughts are considered the most reliable form of knowledge. It also links to the post-enlightenment pursuit of 'truths' and directly into the idea that the self is the only truth that exists (solipsism). This literature influenced my project to become more about self-reflection and a change of my own perspective instead of attempting to represent others'.

I understand phenomenology to be a study of conscious thought and subjective experience. The phenomenology of painting is a study of the conscious thought taking place. The study of conscious thought during this research process has affected my relationship with the act of making and directly influenced the evolution of the research outcomes. The paintings are therefore an embodiment of phenomenological investigation.

From the beginning of this course, I was encouraged to consider the effects of neoliberal capitalism on wellbeing, as a response to the artistic research strand run by Arts Catalyst 'An Army of the Sick Cannot Be Defeated' which spotlights the effect of austerity practices on institutional care (Borowitz et al, 2020). I found most of the literature I was encountering through this investigation highly critical of Neoliberalism and Neoliberal capitalism. I wanted to understand why this view was inherent to the art world and why it was to blame for so much. Definitions of neoliberalism were complex and variable – a term generally used in critique of globalisation. Jelinek (2020) uses the term neoliberalism to mean 'the ideology that markets provide most efficiently all that individuals need in society and is the latest form of capitalism' (Jelinek, 2020). She states the contradiction of artists who 'adopt neoliberal norms as our own, while also complaining of the ills of neoliberal capitalism, despairing of the accelerated and unmitigated form of global neoliberal capitalism that produces precarious labour conditions and extremely unequal distributions in wealth and opportunities' (Jelinek, 2020). The neoliberal 'norms' stated are: 'being popular, accepting metrics for analysing our value(s), and the idea that the market is the rightful arbiter of taste' (Jelinek, 2020). She offers the strategy of regarding art as a discipline, to

counteract these neoliberal norms which may become individually internalised. I encountered this disciplinary approach multiple times in relation to the specialty of painting, particularly with regards to the hard graft of disciplinary practice. One of the most important areas of expertise in the discipline of art, stressed by Jelinek, is helping students to learn a new way of thinking - 'like an artist'.

As well as realising the value of discipline, learning about neoliberalism and the way it can affect artists individually made me reflect on how art can be used as a therapeutic tool. Even though in this research project, I have used the pursuit of knowledge and studio practice to improve my own health as a practitioner, I remain wary of using it universally to counteract neoliberal norms for others. As it is highly self-directed, further applications of this research method would need to have a similar intention.

Chapter 2: The Painter-Doctor as Artist-Activist

2.1. Identity of the Painter-Doctor

The positionality of the researcher is key to the methodology of this research. As a working medical doctor, I combined my academic scientific evidence-based training with my commitment to learning the discipline of painting, to conduct a reflexive experiment as a hybrid painter-doctor, administering a process of self-healing through therapeutic studio practice. Reducing my working hours to conduct this research gave me the time and space to recover and develop my creative response to crisis. I had no official training in easel painting, nor was this intended as a career shift to become a professional artist. The development of a hybrid identity was a result of the interdisciplinarity between art and science, which were in constant dialogue throughout this project. My identity as a medical doctor was brought into sharp relief as I researched the meaning of care and discipline. The discipline of painting mimicked the discipline required to train in the vocation of Medicine which, once discovered, gave me a way to apply the skills developed from my scientific training to investigative studio practice. Demonstrating reflective practice is key in the continuing professional development and rigorous regulation of UK doctors, which made the methodological approach of auto-ethnography key to drawing parallels between the artist and scientist professional identities. There was a tension at the meeting point between the deep disciplinarity of painting and the interdisciplinarity of art-science, the former concerning a deep focus and the latter prioritizing the social, political and cultural relevance, which has been further explored in Chapter 4.

Taking time away from full-time work in a hospital to explore a new speciality and work in the studio started to impact the way I felt about being a doctor. The ad hoc shifts in A&E became more meaningful and valuable. I noticed I was being more attentive to my own physical needs and aware of the needs of my colleagues. I was more patient with patients and no longer dreaded going to work. The notions of care I had been exploring through reading, writing and painting was changing my perspective noticeably. ‘Caring for carers’ became a popular slogan during the coronavirus pandemic – prompting events and organisations providing the NHS workforce with mental health and wellbeing

support in its wake. While away from work, I was in the studio, and the care for this carer, was carefully creatively curated through careful consideration of care itself.

The data in this project is created through a responsive cycle of influence, from reading to practice to reflection which I respond to with further reading. The scientific method, in contrast, prioritises objective truth where anything subjective can be considered as bias or error. This and the experimental method were discussed on the Jordan Peterson podcast about philosopher Martin Heidegger; more in relation to the nihilistic psychology associated with applying a scientific world view without any subjectivity (Peterson, 2020). As a doctor, I have been trained in the scientific method regarding research, teaching, evidence-based practice and clinical learning. The challenge with this research has been identifying where the science background seeps through into the art practice and where it has consciously been challenged.

It became clear that I wasn't combining art with science, but more so approaching art and painting from a science-trained mindset. My project had become Art 'on' science as opposed to Art 'and' Science. The speciality of Art Science is more of a hybrid humanistic investigation using data to explore humanity and cultural innovation, an example being research group Arts Catalyst combining science and culture, with a 2020-2022 research strand entitled 'An Army of the Sick Cannot Be Defeated' (Bordowitz et al, 2020), mentioned earlier.

The overall methodology of this research is practice-based; via material investigation (oil paint, surface preparation), the creative process (exploration of care through making), developing the conceptual basis of the project (influential factors, level of understanding, gaps in knowledge), the environment (physical studio space, interaction with artists and researchers) and consideration of the audience (relevance of themes, possible consequences, cultural context). The investigation findings were collated and applied to the design process throughout the year, resulting in multiple creative approaches to understanding including drawings, podcasts, paintings and writing. The haptics of

painting contributed to the development of the outcomes, providing new perspective in the act of looking, challenging the ocular-centrism and developing the philosophical basis of my approach. The act of painting as a method gave a sensorial, physical embodied performative side to the research process.

2.2. Auto-ethnography: from burnout to self-actualisation

This research has taken an analytical approach, using creative practice to explore the concept of care in a junior doctor's recovery from burnout. This investigation's synthetic approach is evident in the process of creating new thinking and forming a new perspective. This study uses self-reflection, observation over time and a retrospective review of the process of gaining new knowledge and skills and how they relate to the creative outcomes of this research.

The Postgraduate Arts and Humanities Research Centre (PAHC) at MMU provided a structured programme of practice-based and non-practice-based research events and opportunities to discuss current research projects, which in turn influenced my choice of methods. Learning about the non-practice-based humanities/social science methods led me to use the methods of autoethnography and researcher as participant-observer of their own lived experience.

Through the postgraduate researcher training programme I was introduced to the qualitative method of ethnography. Critical ethnography is concerned with being an advocate for underrepresented groups and focus on the liberation of these groups. At the beginning of this project, I saw the underrepresented as the NHS staff and junior doctor experience. However, my approach towards activism was starting to change. I was no longer seeing myself as a 'revolutionary liberator', as researched in my source review, but becoming more self-reflective with a new hybrid identity of a 'painter-doctor', as a caregiver towards my painting practice, my medical practice, and both my colleagues in the studio and in the hospital. I didn't want to challenge the 'institution' of the NHS or paint it as 'sick'. I saw 'sickness' as being more within the individual perspective and "groupthink".

This brought me to auto-ethnography. I considered using the visual aspects of the medical workplace to capture my own perception and social reality of working in healthcare. Innovation in education researcher Margot Duncan writes specifically about the shortcomings of auto ethnography, namely the ‘unscholarly representation of the research experience’ due to ‘lack of self-honesty and disclosure about the motivation for doing the research... failure on the part of the researcher to see the relationship between personal experience and broader theoretical concepts’ (Duncan, 2004). Therefore I needed to be honest and very clear about my motivation for partaking in this research. Intention was key. I needed to move ‘beyond mere emotional expression by demonstrating deeper levels of reflection and analysis’ by including ‘multiple sources of evidence, the establishment of a chain of evidence, and the use of peer review’ (Duncan, 2004). By compiling all the resources, influential conversations and explaining how I reached each conclusion I aim to provide my own chain of evidence of the creative journey which has taken place during this investigation.

I have focused on the 4 phases of self-actualisation, created by Herberholz in 1977: Awareness, focus, the working process and the art product (Ryder, 1987). Ryder describes that “openness without penalty” is key to the creative process. By physically putting myself in a very unfamiliar environment (art school, art research) compared to my familiar medical evidence-based academic training, and partaking in post-graduate lectures, seminars and studio reflections, I have achieved this first phase. This openness and willingness to try something new and unfamiliar enabled me to reflect fully on my foremost concerns for this project and led to the evolution of this research journey, which demonstrates the second phase of “focus...choose those factors which are most significant”. Throughout this project, the most significant factors have been issues of burn-out, a change of perspective, and learning to care in the context of art. The third phase of self-actualisation has been explored in the next chapter, 3. The Practice of the Painter-Doctor. Here I explain how I acted upon my ideas, how I arrived at the final design and use of materials during studio practice with “playful and purposeful use of varied visual elements” (Ryder 1987). The final phase of self-actualisation is demonstrated here by the final compositions, which correlate closely to the “personal inner vision” and “ideas organised in visual form” (Ryder 1987).

Chapter 3: The Practice of the Painter-Doctor

3.1. Learning to care in the context of art (a podcast)

I contacted Alana Jelinek on Instagram regarding her books ‘This is not art - activism and other ‘not art’ and ‘Between Discipline and a Hard Place’ (Jelinek, 2020). We recorded our conversation and released it on her podcast in December 2020 (see Bibliography for link). We discussed the academicisation of art, standards within a discipline, the post-enlightenment pursuit of truth, shared value systems, being a troublemaker and neoliberal self-censorship in the pursuit of a ‘career’. We recorded another episode in January 2021. We discussed the therapeutic aims of art therapy and the use of craft to achieve those aims, which doesn’t necessarily constitute art, but something more nuanced and complex than what has been done before - “Crafts can be specific to a discipline but there is more to the discipline of art than the craft” (Jelinek, 2021). She stressed the importance of the awareness of a community and a history of practice which contributes to the process and knowledge within the process of creating art. This reiterated the importance of being more aware of the community and history of practice within painting. Jelinek drew commonalities between art and science where the artefact is not the process. She declares art as a ‘knowledge forming discipline’ and, although art research was previously not as transparent or visible as medical research, she called for artists to publish and listen to each other for the discipline to emerge through the research. The research consists of art ‘data’ which is shared between a community of practitioners. I had not considered before the role of the collective artists to provide quality assurance and decide best practice amongst themselves. As medical doctors we rely on our collective research community to help guide best medical practice. I researched what was the best practice of good painting. The non-exhaustive list included: visual coherence, clarity of colour, organised structure, rhythm, tonal sensitivity, appreciation of surface, and the manner, experience and sensibility of the artist. This best practice gave me a framework of how to care for the painted surface.

3.2. Learning to care: the painted surface

I decided to start using oil paints. Prior to this I had been painting with watercolour, acrylics and charcoal. I decided I may as well take on the challenge of learning a new medium in this new situation

(an example of the first phase of self-actualisation, Awareness). I was drawn to the drama of Caravaggio's chiaroscuro (Figure 11) and had previously studied his work from an A-level Art Historical perspective so set about practicing oil painting brushwork and photo-realistic anatomy. I was prompted to learn about basics of traditional oil painting techniques such as grisaille (monochromatic 'dead' value underpainting) overlaid with glazing (thin transparent layers of colour over underpainting) to try and achieve a representation of flesh. At this point in studio practice I was also exploring notions of 'care' by finding and painting figurative compositions of figures embracing each other (Figure 12), a carer at work (Figure 13) and a fellow doctor going through a difficult personal crisis (Figure 14).

The notion of discipline within painting was becoming forefront and I was strongly recommended to follow an atelier-based structure of learning. I was shifting my attention from the meaning and the content of a painted composition towards its core elements of colour, material aspects and construction. I needed to focus more on the material aspect of painting. My practice was concerned with communicating 'care' yet I wasn't providing care for the paint itself. The brushwork was loose, messy and unthoughtful (See Figures 12-16). The surface preparation was negligent and little attention was paid to the consistency of the paint or mediums used. I had scratched the surface of the paint with the end of a paint brush without much thought to how this disregard for the painted surface could communicate a lack of care itself (See Figure 13 and Figure 15).

Here was a problem I could systematically address. I set about following classical atelier painting principles and returned to the fundamentals of drawing, value study, brushwork and composition theory (Aristides, 2016).



Figure 11: *Supper at Emmaus*, Michelangelo Merisi da Caravaggio, 1601-1602. Oil on canvas, 196.2 x 141cm.

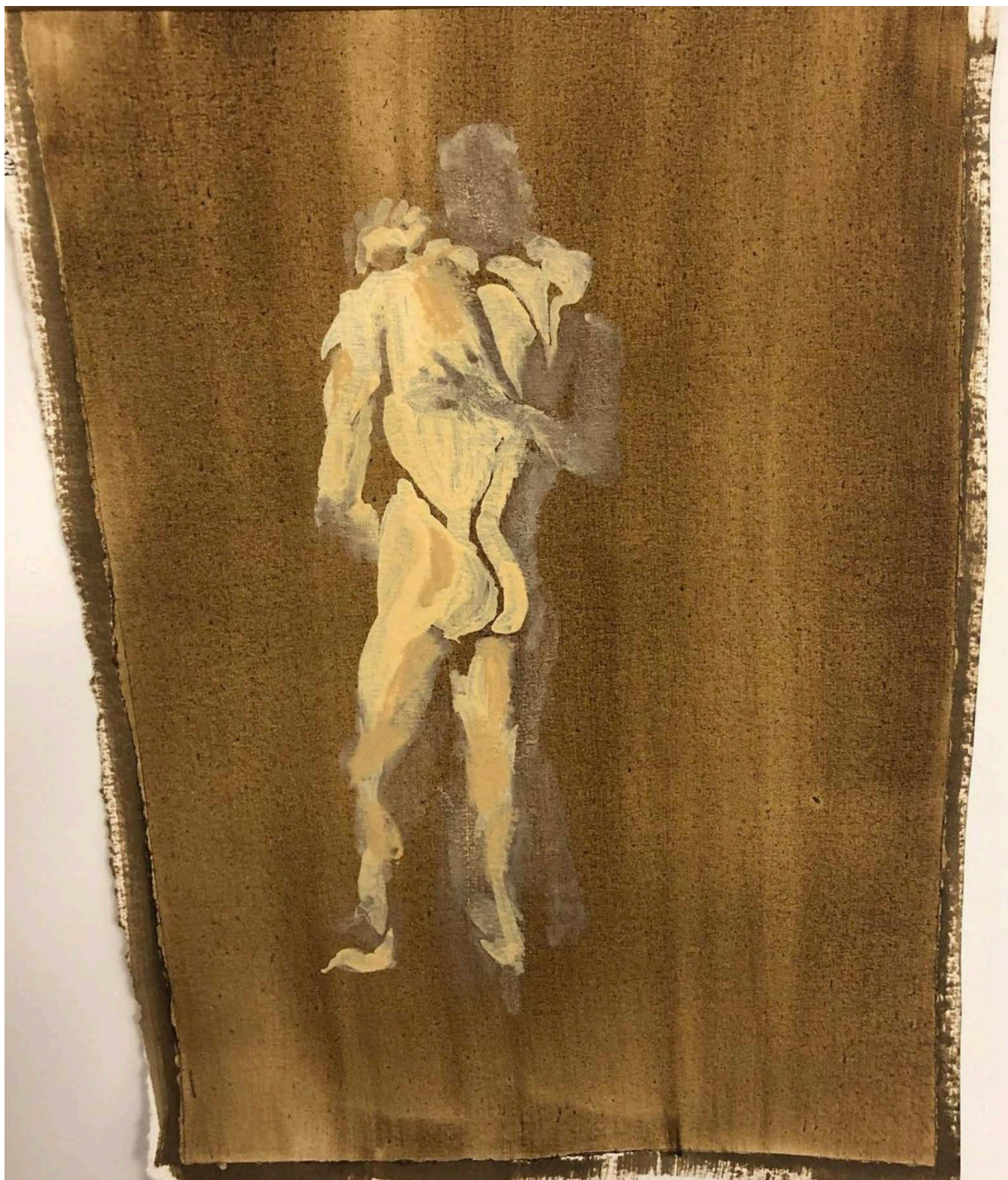


Figure 12: *Notions of care*, Merili Pugh, 2020. Oil on paper, 16 x 20cm.

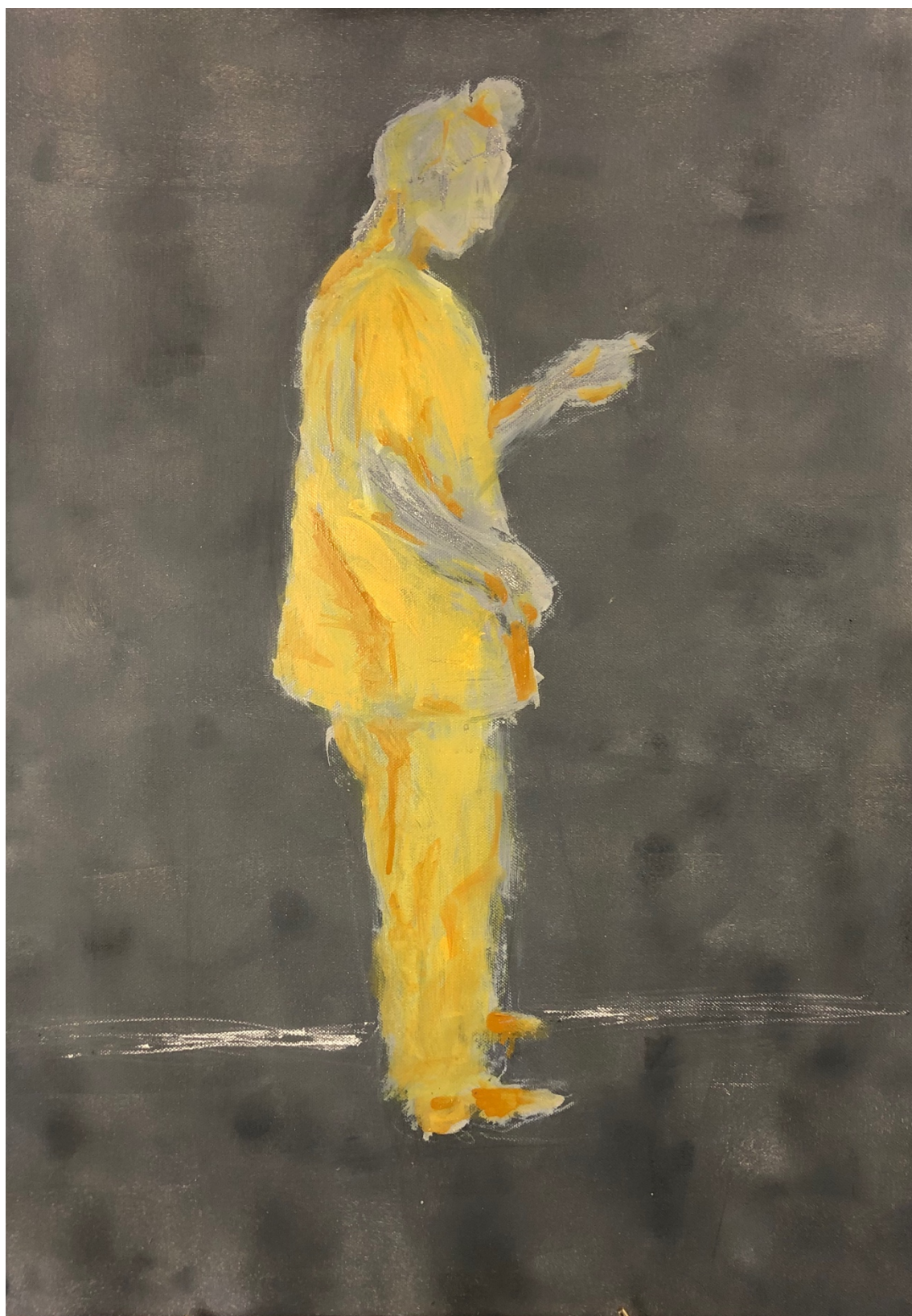


Figure 13: *Care[r]*, Merili Pugh, 2020. Oil on canvas board, 36 x 25cm.

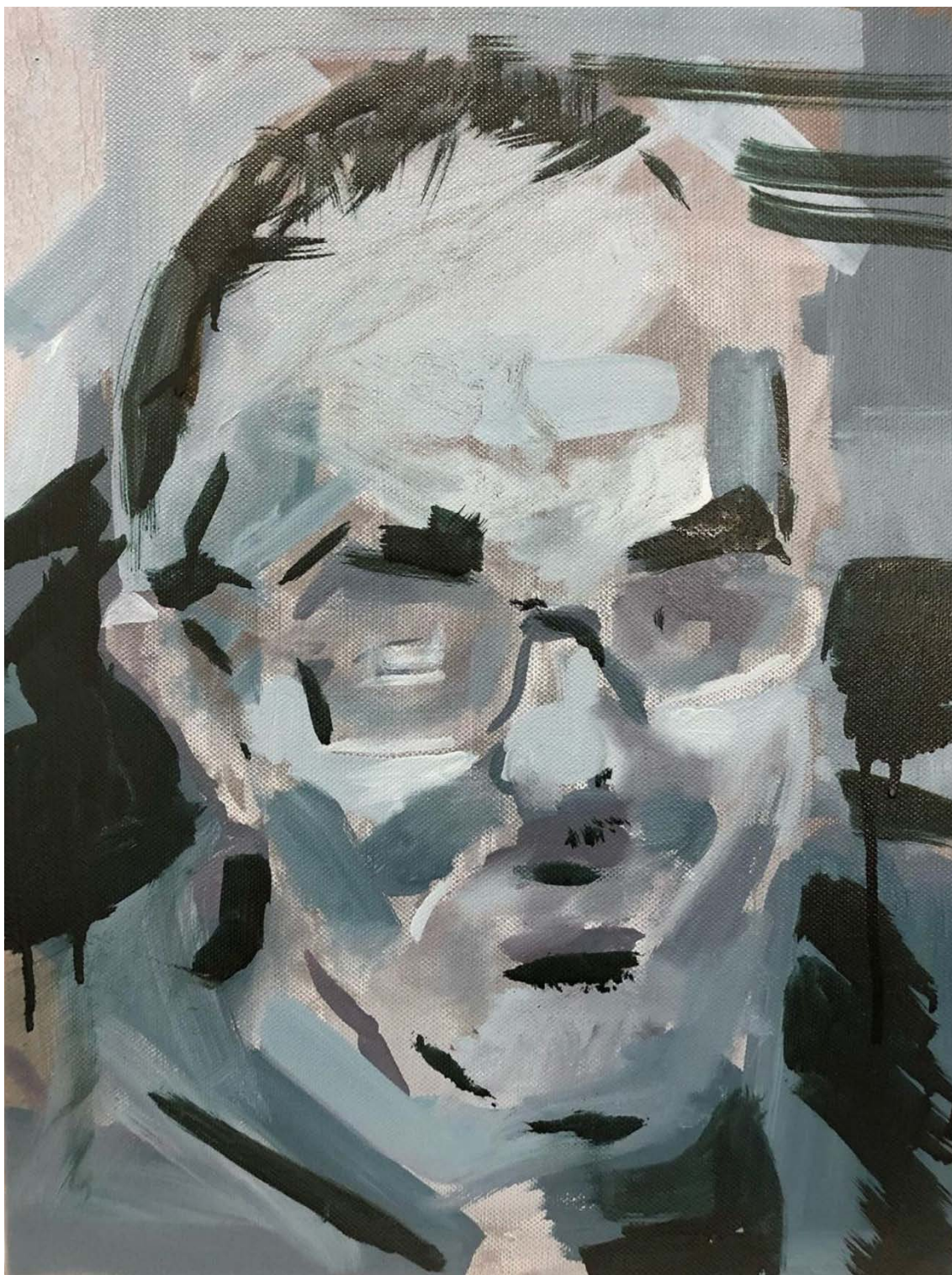


Figure 14: *Haider*, Merili Pugh 2020. Oil on canvas board, 36 x 25cm.



Figure 15: *Merili*, Merili Pugh, 2020. Oil on paper, 16 x 20cm.

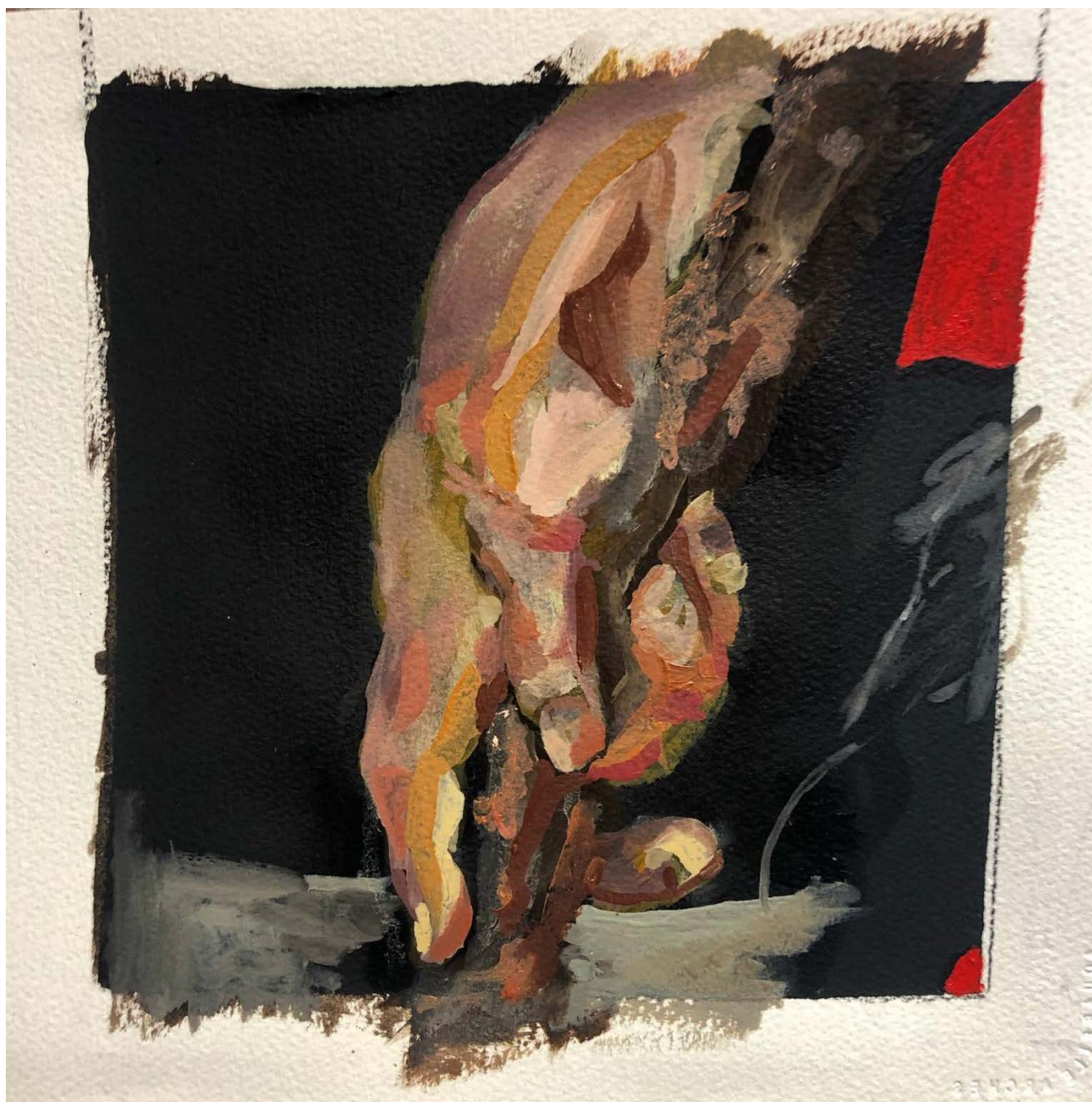


Figure 16: *Caravaggio hand study*, Merili Pugh, 2020. Oil on paper, 12 x 13cm.

3.3. Learning to care: the drawn mark

As well as caring for the painted surface, the way I addressed the drawn mark evolved in a similar manner. My studio practice began with a charcoal portrait of a stressed-out doctor I knew very well who was considering a different career path. This was a rapid study and loosely drawn (see Figure 17). I had also drawn poses from photographs I had taken of a colleague to study the physicality of working as a doctor and practice representing the scrubs uniform (see Figure 18). The drawn marks were full of angst and urgency. I was drawing subjects of people I cared about but felt frustrated that I couldn't convey that care without seeming melancholy and depressing. At this point in the investigation, I was still focusing more on the meaning rather than the method.

Applying the classical atelier method, I focused on improving my drawn mark, the beginning of any composition (see Figure 19) and my mark-making started becoming much more in line with my intention of a disciplined care-full creative approach.



Figure 17: *Tom*, Merili Pugh, 2021. Charcoal on paper, 29.7 x 42cm.



Figure 18: *Emergency gesture*, Merili Pugh, 2020. Digital drawing, 36.4 x 56.5cm.



Figure 19: *Sketchbook Bague plate practice of the ear*, Merili Pugh, 2021. Pencil on paper, 21 x 29.7cm.



Figure 20: *Foetal curl*, Merili Pugh, 2020. Clay, 11 x 7.5 x 6cm.

3.4. Learning to care: the motives and meaning

Embodiment was explored as a way of describing the combination of creative output with critical reflection. I wanted to explore how I was directly involved in the research and what my body was doing during the research process. I used clay as a physical exploration of embodying the care I wanted to portray. I had previously made a small sculpture of a figure in the foetal position based on a photo taken at an exhausting moment during a particularly difficult rota in my medical training (see Figure 20). I reflected on how my medical examination skills could contribute to forming a figure. I wrote “My gloved hands feel for indications of disease, injury and illness but now I am shaping limbs, too and head with equal care and consideration. This form is responding to my finger pressure, and I am responding to the reaction of the clay. There is a relationship happening between patient and practitioner, clay and hands”. Here I was describing how the haptic embodied experiences in medicine could be translated into haptic and embodied experiences in art. I even spent time painting wearing scrubs to see how that would affect the way I approached the canvas and how I cared for the painting. Not surprisingly I felt very uncomfortable with getting paint on the uniform I associated with work which reflected the unease of trying out this new avenue through an unfamiliar art education territory as a scientist. However, I do think it helped me paint the fabric in a more intuitive way.

My time in the studio also embodied my practice; in relationships with other artists, drawing upon my previous medical experience within conversations, tutorials and seminars. On multiple occasions I was asked for help with minor physical ailments, non-physical concerns and relationship woes. I was embodying my own research by being present in the studio and providing care alongside my investigation.

The first paintings I created reflected the figurative and emotive concerns I had. I painted two portraits of two separate doctors who had taken photographs of themselves at work. Both were going through a tough time outside of work and I wanted to portray that personal difficulty, and the care directed towards them through the image (see Figure 14).

Following on from this medical theme I decided to create a group composition utilising what I had learnt about caring for both the subject and the physical work itself (see Figure 21). I composed a layout similar to my place of work and inserted figures to portray a difficult moment with a patient and the reactions of those around. I was recreating a tough memory I had but wanted to highlight the beauty of one of the staff members continuing to give excellent care despite the circumstances. I used gestures and geometry purposefully to create a sense of coherence and clarity (see Figure 22). I obscured facial details to highlight emotion through body language and mark-making. I referred back to the NHS colour scheme and matched the identity of the NHS with my own personal hybrid identity as a doctor-artist.



Figure 21: *Emergency tableau*, Merili Pugh, 2021. Oil on canvas, 30 x 40cm.

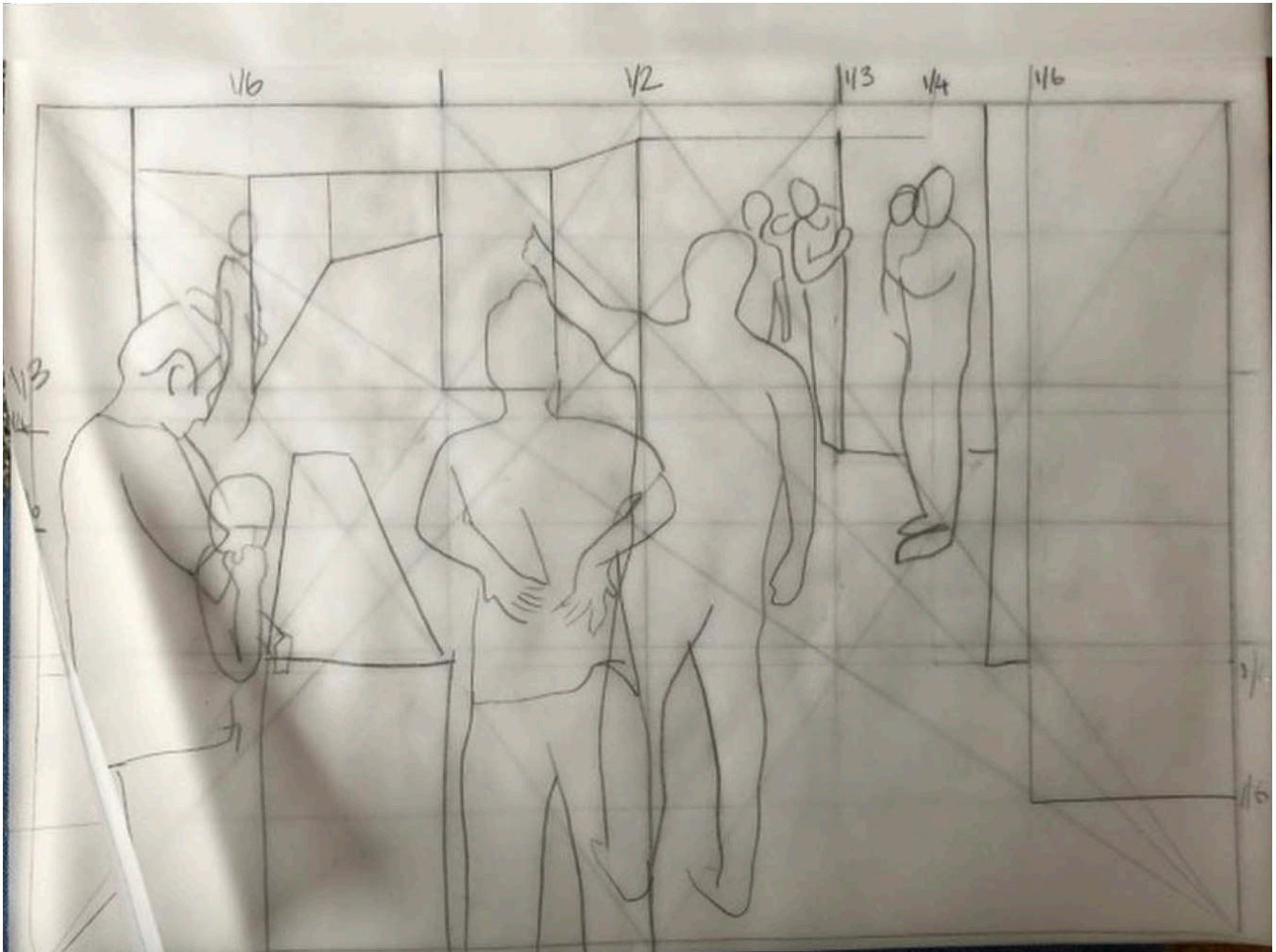


Figure 22: *Emergency tableau geometry plan*, Merili Pugh, 2021. Pencil on tracing paper, 21 x 29.7cm.

After completing this painting, I was still unsure about how it aligned with my evolving ideas about self-reflection and my responsibility as a doctor-artist to provide care for others through the intentionalism in painting. This painting still felt too pessimistic compared to the positivity I was feeling towards the workplace during this period of recovery.

During this time in the UK coronavirus measures had been tightened and we were no longer allowed to paint in our studio spaces so instead had to stay at home and wait. Life became more still and so did my subject matter. I decided to apply the tools I had practiced using through disciplined study of atelier oil painting methods and challenged myself to a master study of a still life painting (Composition

with Lemons by Carlos Madrid, 2014). I found escapism from the cramped apartment I was painting in through the methodical process of tonal value studies (Figure 23), surface preparation of the canvas with gesso, tonal underpainting (Figure 24), colour glazing layers and final finishing details (Figure 25). As a pragmatic scientist, following this rigorous approach enabled me to use painting as an act of self-care whilst caring for the other (the painted surface and drawn mark).



Figure 23: *Value study of Carlos Madrid 'Composition with Lemons', 2021. Digital print, 47.5 x 36.1cm.*



Figure 24: *Tonal underpainting for master study of Carlos Madrid 'Composition with Lemons', Merili Pugh, 2021. Oil on canvas, 30 x 40cm.*



Figure 25: *Master study of Carlos Madrid 'Composition with Lemons'*, Merili Pugh, 2021. Oil on canvas, 30 x 40cm.

Encouraged by this disciplined process of painting and the adoption of the classical method of oil painting, I started making bigger canvases and used greater quantities of paint. I was more willing to lean into the physical act of painting and danced around the canvas to the Ministry of Sound 'I Love 00s', (another reference to the “playful and purposeful” phase of self-actualisation).

A core principle emphasised during studio discussions was the act of artistic seeing. Juliette Aristides writes about 'clarity of vision' in her 2008 book *Lessons in Classical Painting: Essential Techniques from Inside the Atelier*, particularly the role of artists to enable this clarity and 'give us a world worth

noticing' (Aristides, 2008). In her book 'Lessons in Classical Painting' she describes how the study of shape, line, value and colour can lead to this change in observation and 'this new perspective can bring a renewed sense of wonder, replacing what we thought we knew with what is truly there' (Aristides, 2008).

I was encouraged to think about 'primal curiosity' and pursue what captivated me. I felt captivated by the classical method of landscape painting and the ability to 'visualis[e] the vaporous' (Brooker, 2015) in cloudscapes. Also influenced by the Rococco style, I created a large Rococco-esque vivid cloudscape and imagined a world beneath the sky with paint (see Figure 26). I enjoyed painting a non-specific distant land at the horizon and played with the landscape approaching the foreground. I used bright, bold colours and consciously excluded human figures from the composition. I would sit and look at the painting constantly in the studio. Along with the excluded figures I excluded the socio-political intentions of my previous work. I used the methods of traditional oil painting in a disciplined and decisive way whilst responding to the physical act of painting and colour.

Sachs (2017) describes studio practice as having 'a tremendous amount of failure. And that's luxurious, glorious, it's like practicing a new move, no-one's ever done it before' (AAP and Sotheby's, 2017). I was more open and considered new, different possibilities for my paintings. I found encouragement in failures from Tom Sachs' description "if you're just making things that you know will succeed, then you are just repeating yourself. But if you're going out there and failing like a scientist, you're doing experiments and you're learning, and you might make gold out of lead and 99% of the time you're not going to" (AAP and Sotheby's, 2017).

Aristides writes about the 'wilderness' and uncertainty which can come with making art alongside 'the joy and wonder of art. It is human, imperfect, and filled with mystery' (Aristides, 2016).

Now I had experienced joyful playfulness through painting. This directly reflected the optimism I felt towards work because of reducing the number of shifts worked in the hospital per week, reflecting on

my own needs and intention and applying everything I had learned about care to my self, my work, my painting practice and others around me. I took this optimism and playfulness and applied it to my painting practice. I decided to begin an almost life-size portrait. A large part of deciding to pursue oil painting was the wonder of portraying flesh and mass. I wanted to test my newly practiced knowledge of classical oil painting and attempt a photo-realistic figure, combined with the playful physicality of paint I had encountered before. I acknowledged my long love of neoclassical genre painting (discovered during A-level History of Art), by referencing Thomas Gainsborough's portrait Mr and Mrs Andrews (1750) (Figure 27) in my choice of colour, background scenery and sense of pomp (see Figure 28).



Figure 26: *Dream landscape*, Merili Pugh, 2021. Oil on canvas, 90 x 120cm.



Figure 27: *Mr and Mrs Andrews*, Thomas Gainsborough, about 1750. Oil on canvas, 69.8 x 119.4cm.



Figure 28: *Mr and Mrs Watchman*, Merili Pugh, 2021. Oil on canvas, 60 x 85cm.

I read Susan Sontag's 'Notes on Camp' and felt a connection to the description of transforming the 'serious into the frivolous', and the Camp sensibility - 'disengaged, depoliticised - or at least apolitical'

(Sontag, 2018). This mirrored my own sensibility towards painting and the depoliticisation of this investigative research. The priorities in 'Notes on Camp' included 'emphasising texture, sensuous surface and style at the expense of content' with 'elegant conventions for representing instant feeling and the total presence of character' (Sontag, 2018). Fundamental to my own work, Camp also 'reveals self-parody, reeks of self-love'. The figures in this portrait are of me and my husband. We were at a point in our lives where we had been married for a few years and were considering starting a family of our own. The reference to Gainsborough's couple Mr and Mrs Andrews was perfect in this regard as he had apparently left a space on Mrs Andrews' lap in order to include a child at a later date. The painting was exhibited alongside the dream landscape and still life master copy at The Holden Gallery, Manchester, between 1st October and 10th October 2021.

The final painting I created deviated further from the figurative emotive compositions I had begun this investigation with and further encapsulates what I had learnt about myself, about painting and about my new-found perspective (Figure 29). I sat outside whilst relaxing on holiday and looked out at the garden. I applied what I had learnt about the art of seeing and looking. I focused on what visually brought me joy and a sense of wonder, what captivated me and took care with the painted surface. I was intentional with my mark-making. I painted plein-air, outside in front of the subject (the garden). My location by the road encouraged those walking past to stop and talk to me about painting, the weather, the garden itself and a little about themselves. It encouraged an authentic human connection and an opportunity to care for others. It now hangs in my kitchen and reminds me every day of the journey from misery to joy through this research project.

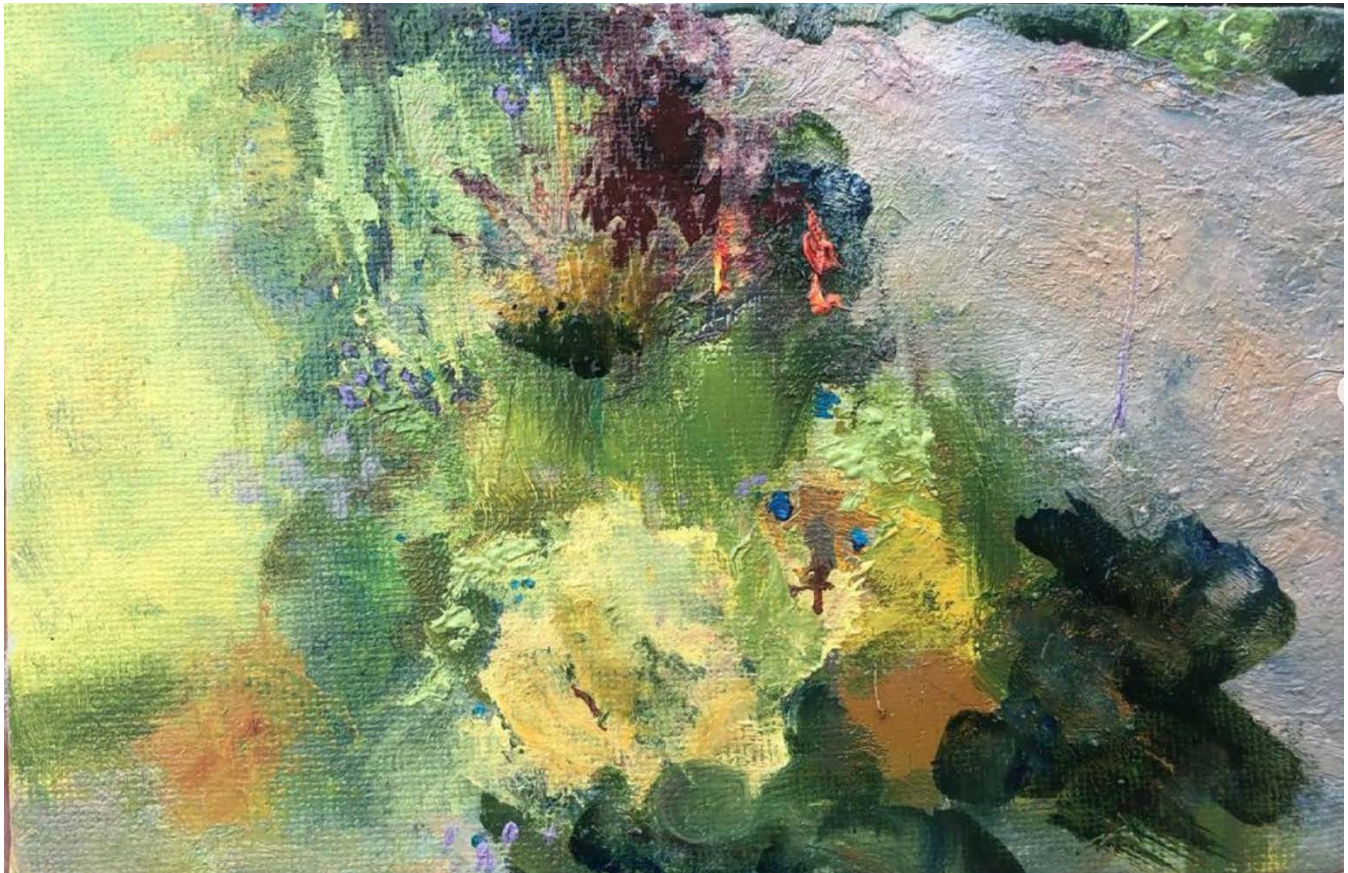


Figure 29: *Garden study*, Merili Pugh, 2021. Oil on canvas, 12 x 18cm.

Chapter 4. Conclusion and Limitations

This studio-based reflective enquiry took place over twelve months between 2020 and 2021 at Manchester Metropolitan University. Three paintings were exhibited, and an accompanying exegesis written retrospectively using the narrative prose and reflections during this time. The starting point for this research was a response to crisis, burnout and low morale in a UK-based junior doctor with an interest in art-research, art activism and postgraduate study. The main inquiry was to see how the researcher's art practice developed over twelve months in a painting-based studio.

This thesis includes a portfolio of work produced during this time and a retrospective analysis of the development of the researcher's reflection, creative output and influential texts. The aim of this research was to review the influence of the discipline of oil painting during this investigation. Painting as a discipline was explored through studio discussions with other artists, atelier-based self-study and

attending lectures on the MA Painting course at Manchester School of Art. The main influence of painting was the discipline of studio practice, the act of looking, reflection on the creative intention and consideration of the embodiment of the work. The objective was to create a series of paintings and reflective prose to consider the way a combination of art and science can assist the researcher in a time of crisis. The main themes considered were notions of care, discipline and a change in perspective. These themes became essential components in my own artist practice for the evolution and improvement of my painting itself. The portfolio of work began with art activist posters and a focus on moral injury affecting medical staff in general. Research Groups and artists with a similar focus on healthcare narrative were reviewed. The cultural context of the research started to change in response to the 2020 coronavirus pandemic. The methodology of this research is practice-based through material investigation, creative process, conceptual basis, environment and consideration of the audience. Drawings, podcasts, painting and writing were used in studio practice. The interdisciplinary conversation between painting as a discipline and the science background of the researcher was also a method. A source review was conducted, and themes discussed. These themes included: self-dramatisation, artistic idealism, social historical paintings, activism and activism, kinship and kindness, matters of care, auto-ethnography, self actualisation, the ego and collective expertise, intentionalism and phenomenology, embodiment, art-science, discipline and Neo-liberalism, and self-parody. A critical approach to the research methodology helped clarify the research intention through conversations with supervisors, fellow students and self-reflection. The main outcomes of this research were: hand-drawn portraits, a published podcast discussion, clay figures, a still-life oil painting, a landscape oil painting and a near-life size oil painting exhibited in October 2021.

In writing this thesis, reflecting on the journey that it has taken from initial applications to my current position, I can attest that my thinking and perspective has changed and evolved. I took more care in the studio and my paintings changed. My perspective on work and approach towards being a doctor changed. My style of writing and research priorities changed. In short, I consider the knowledge that has been produced through this research to be about change. The discipline of creating paintings has contributed to my own recovery from burn-out and a wider understanding of what care means.

Shifting to the auto-ethnographic and self-activating method has been essential in analysing the link between the focus of care from patient to painting to self and patient again. Further research into 'painting as vehicle for self-care and care for others' in the contexts of the medical profession would need to include a wider data set by identifying other medical professionals who embarked on painting either full time or part time. In that way it would be possible to ascertain how far the shift of surface (from human skin to cotton and linen) enables a different state of wellbeing for the medical practitioner and their patients. There is potential to further develop a system to facilitate rehabilitation and healing by transforming negative medical experiences into artwork prompts for reframing and a change of perspective e.g. CPD workshops with fellow doctors discussing individual creative responses to crisis. There are many aspects of the medical experience which could further be explored, depending on the individual needs and motivations of the carer being cared for in this manner. As a working medical professional, I believe that my perspective through painting and reflections on self-care regarding medicine and art are valuable, as there are many artists who portray medicine through the lens of being a patient or viewer rather than practitioner themselves.

Essentially, this research has found out that by learning to care for the painted surface and the complexity/ambiguity of meaning and truth in relation to painting, I began to care for my self and for both patients and colleagues in a different way, more patient, open-minded and more open to complexity through self-actualisation.

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